STATEMENT OF ORGANIZATION

Statement of Organization
Recipient Committee

Type or print in ink.

Statement Type

☐ Initial — Not yet qualified ☐ or

Date qualified as committee: _____

■ Amendment — List I.D. number: # 743486

Date qualified as committee (if applicable): 10/12/2015

☐ Termination - See Part 5 — List I.D. number: #

Date of Termination: _____

Date Filed: AUG 13 2024

By Tuolumne County Clerk
Deputy

CALIFORNIA FORM 410

1. Committee Information

NAME OF COMMITTEE
TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

STREET ADDRESS (NO P.O.BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE / PHONE
SONORA	CA	95370	[redacted]

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Tuolumne	Tuolumne

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Donald Nester

STREET ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Sonora	CA	95370	[redacted]

NAME OF ASSISTANT TREASURER, IF ANY
Marvin Keshner

STREET ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Sonra	CA	95370	[redacted]

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
Dana Butow - Chair

MAILING ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Sonora	CA	95370	[redacted]

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/23/2023 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 3/23/2023 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on 3/23/2023 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on 3/23/2023 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

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Not yet qualified ☐ or

Date qualified as committee: _____

■ **Amendment**
List I.D. number: # 743486
10/12/2015
Date qualified as committee (if applicable)

☐ **Termination - See Part 5**
List I.D. number: #
Date of Termination

Date Stamp

CALIFORNIA FORM **410**

1. Committee Information

NAME OF COMMITTEE
TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

STREET ADDRESS (NO P.O.BOX)
[redacted]

CITY: SONORA | STATE: CA | ZIP CODE: 95370 | AREA CODE / PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Tuolumne	Tuolumne

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Donald Nester

STREET ADDRESS
[redacted]

CITY: Sonora | STATE: CA | ZIP CODE: 95370 | AREA CODE / PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY
Marvin Keshner

STREET ADDRESS
[redacted]

CITY: Sonra | STATE: CA | ZIP CODE: 95370 | AREA CODE / PHONE: [redacted]

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
Paul Bailey - Secretaray

MAILING ADDRESS
[redacted]

CITY: Twain Harte | STATE: Ca | ZIP CODE: 95383 | AREA CODE / PHONE: [redacted]

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/23/2023 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

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Date Stamp

CALIFORNIA FORM 410

1. Committee Information

NAME OF COMMITTEE
TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

STREET ADDRESS (NO P.O.BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE / PHONE
SONORA	CA	95370	[redacted]

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Tuolumne	Tuolumne

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Donald Nester

STREET ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Sonora	CA	95370	[redacted]

NAME OF ASSISTANT TREASURER, IF ANY
Marvin Keshner

STREET ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Sonra	CA	95370	[redacted]

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
Elian Hagen - Assistant Chair

MAILING ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Tuolumne	Ca	95379	[redacted]

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/23/2023 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

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Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME

TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

I.D. NUMBER

743486

● All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE / PHONE	BANK ACCOUNT NUMBER
Mocse Federal Credit Union	(209) 572-3600	5991251411669

ADDRESS	CITY	STATE	ZIP CODE
3600Coffee Rd.	Modesto	CA	95370

4. Type of Committee **Complete the applicable sections.**

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan".
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICE HOLDER/STATE MEASURE PROPONENT	EFFECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			☐ Non-Partisan
			☐ Non-Partisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE SUPPORT	OPPOSE
		☐	☐
		☐	☐

Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

TUOLUMNE COUNTY DEMOCRATIC CENTRAL COMMITTEE

I.D. NUMBER

743486

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ■ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Accepts contributions and supports election activities.

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR

California Democratic Party

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

1830 9th Street

CITY

Sacramento

STATE

CA

ZIP CODE

95881

Small Contributor Committee ■ 10/12/2015 Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.